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A Dissertation

Delivered March 17<sup>th</sup> 1827

W. E. H.

on

Gynanche Trachealis.

By Saml. Watkins Vaughan,

of Virginia.

1826.

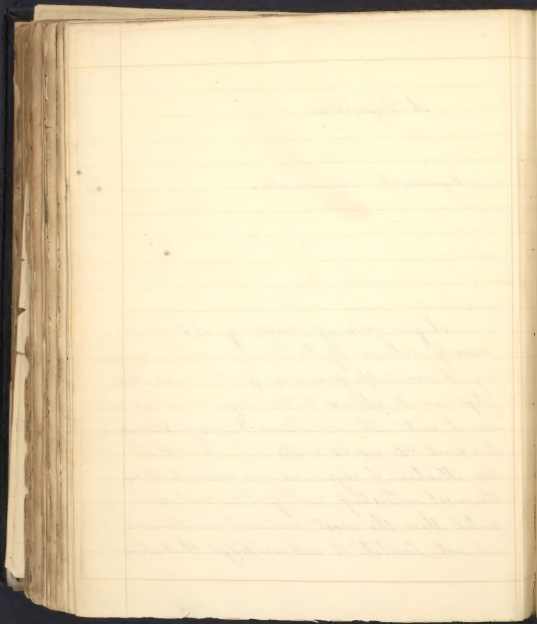
1872  
1873

*A Dissertation*

*On*

*Dynasche Strachalis.*

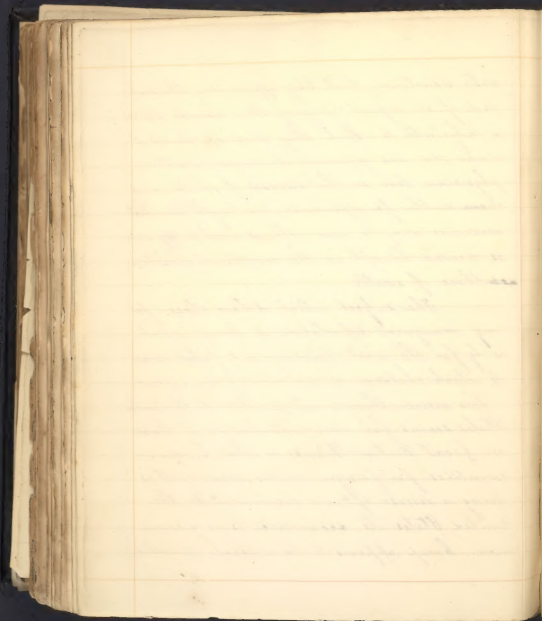
A few years ago diseases of children were scarcely noticed by teachers of medicine, regarding it more the province of the nurse, than physician to attend to this department. Nor was it until the illustrious Harris published his work "de morbis acutis infantum" that the attention of physicians was drawn to this—the most interesting part of their profession. Until then the most eminent practitioners did not hesitate to acknowledge that it was



with reluctance, that they approached the sick  
bed of an infant "judging their diseases to form  
a labyrinth to which they had no clue. But  
a new era has appeared. no longer does the  
physician look on the diseases of children as  
incurable, for experience has taught them that  
medicine may be used with as much safety, and  
as decided benefit in the complaints of children  
as in those of adults.

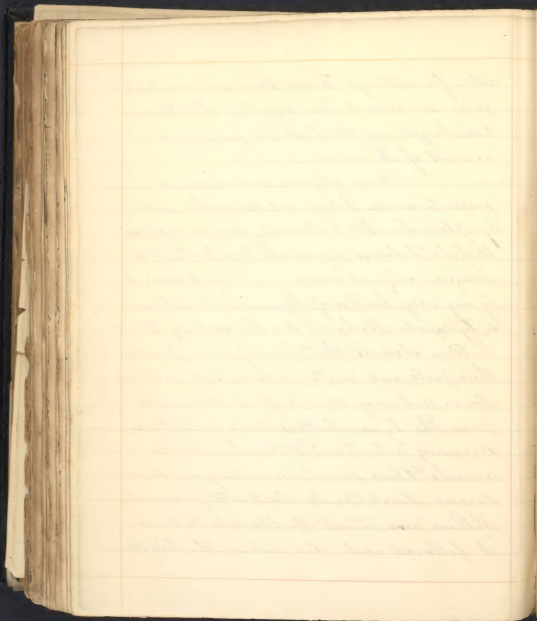
The subject which I have chosen for  
my inaugural dissertation is Scroup, which  
is by far the most alarming and fatal disease  
to which children, of our country, are exposed.

This disease, though not peculiar to the United  
States, seems far more prevalent in it than  
in Great Britain, France or other European  
countries, for foreign writers speak of it as  
being a disease of "rare occurrence." In the  
United States its occurrence is very com-  
mon. Scroup appears to be a disease of modern



date, for although Harris, Boerhaave and Martin  
Ghisi, are said to have described it, Dr. Home of  
Edinburgh, was the first who gave any correct  
account of its nature.

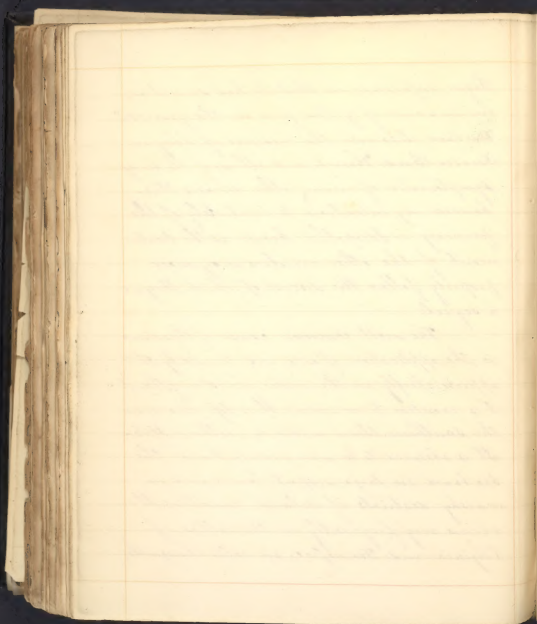
Some physicians have deemed it  
proper to divide Croup into Idiopathic and  
Symptomatic, Dr. Baldwin however declares  
that he "believes Cynanche Trachealis to be  
always an original disease, and never produced  
by any irregularities of Cynanche Tonsillaris  
or Cynanche Maligna." On the contrary Dr.  
Cullen observes that "it may arise first in  
those parts, and continue to subsist in them  
alone; or it may come to affect those parts  
from the Cynanche Tonsillaris or Maligna  
spreading into them." Dr. Rush likewise  
remarks "I have seen it accompany as well as  
succeed Small Pox, Measles, Scarlet fever, and  
Apthous sore throat. In the late Dr. Ferri  
it followed acute rheumatism. The late Dr.





Dayre informed me that he had seen it occur in a case of yellow fever in the year 1798. We have likewise the evidence of Chequer, Ferriar, Bard, Thosack and others of its being symptomatic of many other diseases. It is ~~my~~ however my intention to treat ~~of~~ of the primary or Idiopathic cases, as the treatment of the other varieties may more properly follow the diseases of which they are a sequel.

The most common cause of this disease is the application of cold and humidity. It appears chiefly in the winter and spring, though it is peculiar to no season. It is less known in the southern, than middle or northern States. It is observed to be more prevalent near the Seaboard, in large seaport Towns, and in marshy districts of inland countries; It occurs very frequently in the valleys of Virginia and Tennessee, in cold changeable



weather, often appearing after a cloudy evening  
say. It is more easily brought on in some children  
than <sup>in</sup> others, they having an hereditary  
predisposition for it. Robust, ruddy, short-necked  
children are more liable to and more violently  
attacked by it. The younger children are often  
wounded the more violent they are to the dis-  
ease, age does away in a great measure the  
susceptibility for it though I have seen an  
instance of it in a woman forty years of age  
I am of opinion that it is never propagated  
by contagion. It sometimes prevails as an epi-  
demic as is stated to have been the case in  
the neighbourhood of Alexandria in the  
year 1719, and also in Philadelphia in 1804  
and 1816. After having given the causes in  
as succinct a manner as possible I shall  
now proceed to give some of the symptoms  
of this disease.

Scarf makes its attack in various



days. It commonly begins with shivering and  
other febrile symptoms, as thirst, restlessness,  
accelerated pulse, hot dry skin. In some cases  
the child awakes in the night with all the  
symptoms of the disease, no previous spas-  
ms having been observed. In others the  
child has a dry, hoarse cough and many of  
the catarrhal symptoms for a day or two pre-  
ceding the attack. The breathing becomes  
difficult, and is attended with a wheezing  
noise. The voice is shrill, the cough is con-  
tinuous, and has been compared to the barking  
of a small dog. The weeping of a young  
child. The countenance is suffused, the  
eyes watery, the skin burns, there is great  
thirst, the breathing becomes more and  
more difficult, the little patient often  
raises itself in bed, but in no posture  
can it find relief. There is generally some  
remission of the disease during the day.



but as night approaches the symptoms begin gradually to grow worse, the cough becomes harder and more shrill, respiration more and more difficult and the patient appears in constant danger of suffocation. During the first stage the inflammation is confined mostly to the glottis and upper part of the trachea, but if permitted to continue for many hours the inflammation extends to the bronchiae and even into the substance of the lungs the former producing vast accumulations of mucus and the latter an exudation of capillary lymph is an engorgement of the lungs with blood. At this period of the disease the pulse is full and distended and readily yields to pressure: the child has no relief from its oppression, the respiration is exceedingly laborious the eyes are prominent and inflamed the countenance exhibits a purple





livid apoplectic appearance; such cases as these chiefly occur in florid and plethoric patients. In weak and sickly the case is very different, the face appears pale the pulse tremulous and irregular, the surface cold and clammy, there is no wheezing but rather a rattling in the throat and the breathing rather more tranquil.

During the disease, putrescence of the nature of suppurative inflammation, secretions cease, there appears a morbid odour, then is high fever, action high, dyspnoea, the cough increases, frequently the attacks of suffocation are equally distressing, and in some cases prove fatal in a very few hours.

When bronch terminates favourably a fine expectoration takes place, and the symptoms begin gradually to abate, a moisture perceived on the surface, the fever declines and the



ough gradually wears away. It now remains  
for me to say something of the method of  
treating this disease which I shall do by giving  
the general indications and not descend into  
minutiae.

When called in to see a patient labouring under  
the first symptoms of a severe case of  
dysentery, either acute or chronic  
nature with effusion should be administered  
immediately, as what proves equally efficient  
is Dr. Cass's Luce Syrup given in the  
of from ~~four~~ <sup>eight</sup> to <sup>ten</sup> or more <sup>teaspoons</sup> <sup>full</sup>  
according to the age of the patient or the  
severity of the disease, at the same time  
the child should be put in a warm bath and  
suffered to remain there for ten or fifteen  
minutes if this should not promote a free  
operation of the emetic or should resort  
to cupping venesection and a regulation of the  
bath, both of which prove highly beneficial.



in promoting the circulation of our toes as  
well as restoring the progress of the disease.

Sometics are certainly our most valuable  
remedies in the cure of bronch, given in  
the commencement of the attack they  
rescure relaxation and relieve spasm  
reestablish a free and equal circulation  
cause a copious discharge of mucus  
from the throat and in many instances  
effect an entire cure without the use  
of any other medicine.

As auxiliary means blisters to the  
sides by leeches and cups are highly  
serviceable. Dr. Wetheridge of the  
and Practice of Medicine in the University  
of Maryland suggests the propriety of  
opening the Jugular artery instead of  
leeching which he says acts more  
and very fast. As soon as the leeches  
are removed from the neck, cups



If this is completely relieved a blister  
should be applied in front of the neck as  
as to extend from ear to ear.

If the foregoing remedies should  
fail, which they some times do we are  
directed to bleed ad deliquium animi car-  
ried to this extent we are assured that it  
almost invariably ~~passes~~ <sup>passes</sup> successful.

As to the form of the disease here,  
which is evinced by the statement of the  
febrile symptoms, and the returning  
sceptibility of the system to the action  
of medicine, calomel should be given in  
large doses and its action promoted by  
emetics. Dr. Goodrich of Lexington  
recommends <sup>the</sup> exhibition of calomel in  
combination with tartarized antimony  
by which means, says he, the stomach,  
skin and bowels. The three principal  
seats of excitement and sympathy may





be acted on at once. Dr James Hamilton  
Sur. commences the treatment of croup  
by the warm bath & at once he declares  
"that in every case where it was employed  
previous to the appearance of the first signs  
of the virus and other vascular symptoms,  
(amounting now to about forty) it has com-  
pletely succeeded both in curing the disease  
and preventing any shock to the child's  
constitution."

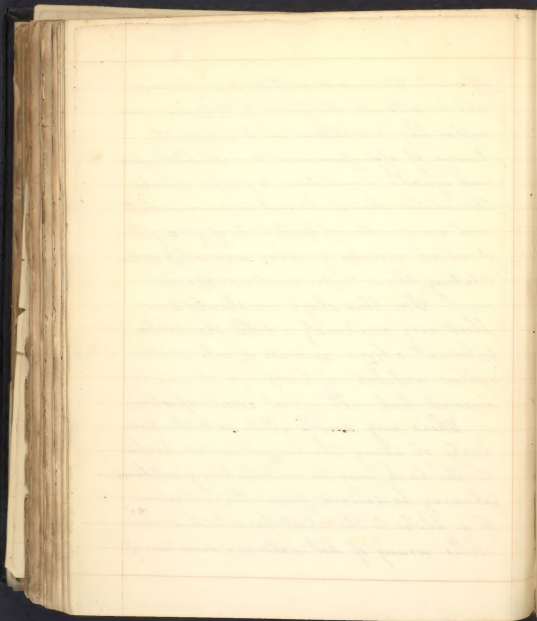
Dr's barterigot of Astles does not  
wait for the return of the sensibility  
of the system but administers calomel  
in corresponding doses he states & once  
in which he gave several hundred grains  
in the course of hourly four hours with  
the happiest effect. To promote expectoration  
and relieve hoarseness, cough and other  
remains of the disease Dr Lewis gives  
syrup or Poligala Senega proves very



efficient. The second or that stage of bronch  
which puts on the form of Peripneumonia  
rather, the indications are to relieve the  
lungs of oppression and to reestablish a free  
and equable circulation, to fulfil which  
the child should be put in a warm bath  
and an emetic of Sulphate of zinc given  
it which operates quicker and is less irrita-  
ting than Tartar emetic or Spessac.

In this stage we should draw  
blood very cautiously a little should be  
taken at a time, and its effects on the  
system watched, if beneficial it may be  
renewed but with great circumspection.

Where any doubt exists as to the pro-  
priety of using the lancet cups or leeches  
to the back, may be substituted, great bene-  
fit may be derived from the application  
of a blister to the chest for which purpose  
cloths wrung of hot water or a decoction of



*Cantharides* may be used as the most prompt means of vesication.

Dr. Rush relates a case of the good effects of calomel even after the formation of the membrane had taken place. *Ammonia*, *Musk*, *Camphor*, *Asafoetida*, and other stimulating expectorants have been strongly recommended and appear to be suited to this stage, as they are remedies well calculated to excite the secretions of the lungs, and at the same time to support the general powers of the system.

Dr. Miller recommends the following formula given in the dose of table spoon full every ~~hour~~ half hour.

Ry Gum. *Asafoetida* 3℥.  
Spts *minerari* ʒi.  
Agua Pulv 3℥. m.

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*[Faint, illegible handwriting on lined paper, possibly bleed-through from the reverse side.]*